

<i>SERFF Tracking Number:</i>	<i>AMLX-125963624</i>	<i>State:</i>	<i>Arkansas</i>
<i>Filing Company:</i>	<i>American Alternative Insurance Corporation</i>	<i>State Tracking Number:</i>	<i>EFT \$50</i>
<i>Company Tracking Number:</i>	<i>BO AR0259801F01</i>		
<i>TOI:</i>	<i>05.0 Commercial Multi-Peril - Liability & Non-</i>	<i>Sub-TOI:</i>	<i>05.0002 Businessowners</i>
	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Self Storage Program</i>		
<i>Project Name/Number:</i>	<i>MP 7006-0 Asbestos Exclusion & Rule Filing/BO AR0259801F01</i>		

Filing at a Glance

Company: American Alternative Insurance Corporation

Product Name: Businessowners Self Storage Program SERFF Tr Num: AMLX-125963624 State: Arkansas

TOI: 05.0 Commercial Multi-Peril - Liability & Non-Liability SERFF Status: Closed State Tr Num: EFT \$50

Sub-TOI: 05.0002 Businessowners Co Tr Num: BO AR0259801F01 State Status: Fees verified and received

Filing Type: Form Co Status: Reviewer(s): Llyweyia Rawlins, Brittany Yielding

Author: SPI Disposition Date: 12/30/2008

AmericanAlternativeInsurance

Date Submitted: 12/23/2008 Disposition Status: Approved

Effective Date Requested (New): 04/01/2009

Effective Date Requested (Renewal):

Effective Date (New): 04/01/2009

Effective Date (Renewal):

04/01/2009

State Filing Description:

General Information

Project Name: MP 7006-0 Asbestos Exclusion & Rule Filing

Project Number: BO AR0259801F01

Reference Organization:

Reference Title:

Filing Status Changed: 12/30/2008

State Status Changed: 12/30/2008

Corresponding Filing Tracking Number:

Filing Description:

Status of Filing in Domicile:

Domicile Status Comments:

Reference Number:

Advisory Org. Circular:

Deemer Date:

American Alternative Insurance Corporation (AAIC) hereby submits the enclosed filing for use with our Self-Storage Owners Businessowners Coverage Program which is currently on file with your department.

SERFF Tracking Number: AMLX-125963624 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
Company Tracking Number: BO AR0259801F01
TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners
Liability
Product Name: Businessowners Self Storage Program
Project Name/Number: MP 7006-0 Asbestos Exclusion & Rule Filing/BO AR0259801F01

The purpose of this filing is to introduce a new mandatory endorsement, MP 7006-0 (11-08) - Asbestos Exclusion. This endorsement adds an exclusion for asbestos to Section II - Liability Coverage Form of our Self-Storage Owners Businessowners Coverage Form. This endorsement is being introduced since it is not our intention to cover these types of losses nor does our current rating plan take these types of losses into consideration.

The companion rule is exempt from filing requirements.

We propose that this filing apply to all policies effective on or after April 1, 2009.

Thank you for your attention to this submission.

Company and Contact

Filing Contact Information

Melissa Jacobson, State Filing Analyst mjjacobson@munichreamerica.com
555 College Road East (800) 305-4954 [Phone]
Princeton, NJ 08543-5241 (609) 275-2147[FAX]

Filing Company Information

American Alternative Insurance Corporation CoCode: 19720 State of Domicile: Delaware
555 College Road East Group Code: 361 Company Type:
Princeton,, NJ 08543-5241 Group Name: Munich Re Group State ID Number:
(800) 305-4954 ext. [Phone] FEIN Number: 52-2048110

Filing Fees

Fee Required? Yes
Fee Amount: \$50.00
Retaliatory? No
Fee Explanation: E check no. 1700000864
Date 12-11-08
Amt \$50
Per Company: No

COMPANY	AMOUNT	DATE PROCESSED	TRANSACTION #
American Alternative Insurance Corporation	\$50.00	12/23/2008	24692025

SERFF Tracking Number: AMLX-125963624 State: Arkansas
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Liability
Product Name: Businessowners Self Storage Program
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Correspondence Summary

Dispositions

Status	Created By	Created On	Date Submitted
Approved	Llyweyia Rawlins	12/30/2008	12/30/2008

SERFF Tracking Number:	AMLX-125963624	State:	Arkansas
Filing Company:	American Alternative Insurance Corporation	State Tracking Number:	EFT \$50
Company Tracking Number:	BO AR0259801F01		
TOI:	05.0 Commercial Multi-Peril - Liability & Non-Sub-TOI:		05.0002 Businessowners Liability
Product Name:	Businessowners Self Storage Program		
Project Name/Number:	MP 7006-0 Asbestos Exclusion & Rule Filing/BO AR0259801F01		

Disposition

Disposition Date: 12/30/2008
Effective Date (New): 04/01/2009
Effective Date (Renewal): 04/01/2009
Status: Approved
Comment:

Rate data does NOT apply to filing.

SERFF Tracking Number: *AMLX-125963624* *State:* *Arkansas*
Filing Company: *American Alternative Insurance Corporation* *State Tracking Number:* *EFT \$50*
Company Tracking Number: *BO AR0259801F01*
TOI: *05.0 Commercial Multi-Peril - Liability & Non- Liability* *Sub-TOI:* *05.0002 Businessowners*
Product Name: *Businessowners Self Storage Program*
Project Name/Number: *MP 7006-0 Asbestos Exclusion & Rule Filing/BO AR0259801F01*

Item Type	Item Name	Item Status	Public Access
Supporting Document	Uniform Transmittal Document-Property & Casualty	Approved	Yes
Form	Asbestos Exclusion	Approved	Yes

SERFF Tracking Number: AMLX-125963624 State: Arkansas

Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50

Company Tracking Number: BO AR0259801F01

TOI: 05.0 Commercial Multi-Peril - Liability & Non- Sub-TOI: 05.0002 Businessowners Liability

Product Name: Businessowners Self Storage Program

Project Name/Number: MP 7006-0 Asbestos Exclusion & Rule Filing/BO AR0259801F01

Form Schedule

Review Status	Form Name	Form #	Edition Date	Form Type Action	Action Specific Data	Readability	Attachment
Approved	Asbestos Exclusion	MP 7006-0	(11-08)	Endorsement/Amendment/Conditions		0.00	MP 7006-0.PDF

THIS ENDORSEMENT CHANGES THE POLICY. PLEASE READ IT CAREFULLY.

ASBESTOS EXCLUSION

This endorsement modifies insurance provided under the following:

SELF-STORAGE OWNERS BUSINESSOWNERS COVERAGE FORM

The following exclusion is added to Section II - Liability Coverage Form and supersedes any provision to the contrary:

This insurance does not apply to "bodily injury", "property damage" or "personal injury" and "advertising injury" arising out of:

- a. Inhaling, ingesting or prolonged physical exposure to asbestos or goods or products containing asbestos;
- b. The use of asbestos in constructing or manufacturing any good, product or structure;
- c. The removal of asbestos from any good, product or structure; or
- d. The manufacture, transportation, storage or disposal of asbestos or goods or products containing asbestos.

The coverage afforded by the policy does not apply to payment for the investigation or defense of any loss, injury or damage or any cost, fine or penalty or for any expense or claim or "suit" related to any of the above.

All Other Terms and Conditions Remain Unchanged.

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	<i>Liability</i>		
<i>Product Name:</i>	<i>Businessowners Self Storage Program</i>		
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Rate Information

Rate data does NOT apply to filing.

SERFF Tracking Number: AMLX-125963624 State: Arkansas
Filing Company: American Alternative Insurance Corporation State Tracking Number: EFT \$50
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Supporting Document Schedules

Satisfied -Name: Uniform Transmittal Document-
Property & Casualty

Review Status:
Approved 12/30/2008

Comments:
Attachments:
AR - NAIC P&C TRANSMITTAL DOCUMENT.PDF
AR - NAIC FORM FILING SCHEDULE.PDF

Property & Casualty Transmittal Document

1. Reserved for Insurance Dept. Use Only	2. Insurance Department Use only a. Date the filing is received: b. Analyst: c. Disposition: d. Date of disposition of the filing: e. Effective date of filing: <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">New Business</div> <div style="width: 45%;"></div> </div> <div style="display: flex; justify-content: space-between;"> <div style="width: 45%;">Renewal Business</div> <div style="width: 45%;"></div> </div> f. State Filing #: g. SERFF Filing #: h. Subject Codes
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3.	Group Name	Group NAIC #
	Munich Re Group	0361

4.	Company Name(s)	Domicile	NAIC #	FEIN #	State #
	American Alternative Insurance Corporation	DE	19720	52-2048110	

5. Company Tracking Number	BO AR0259801F01
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Contact Info of Filer(s) or Corporate Officer(s) [include toll-free number]

6.	Name and address	Title	Telephone #s	FAX #	e-mail
	Beth MacDougall 555 College Road East Princeton NJ 08543-5241	Project Employee	800-305-4954	609-275-2147	bmacdougall@munichre-america.com

7.	Signature of authorized filer	
8.	Please print name of authorized filer	Beth MacDougall

Filing Information (see General Instructions for descriptions of these fields)

9.	Type of Insurance (TOI)	05.0 Commercial Multi-Peril - Liability & Non-Liability
10.	Sub-Type of Insurance (Sub-TOI)	05.0002 Businessowners
11.	State Specific Product code(s) (if applicable) [See State Specific Requirements]	-
12.	Company Program Title (Marketing Title)	Businessowners Self Storage Program
13.	Filing Type	<input type="checkbox"/> Rate/Loss Cost <input type="checkbox"/> Rules <input type="checkbox"/> Rates/Rules <input checked="" type="checkbox"/> Forms <input type="checkbox"/> Combination Rates/Rules/Forms <input type="checkbox"/> Withdrawal <input type="checkbox"/> Other (give description)
14.	Effective Date(s) Requested	New: 4-1-09 Renewal: 4-1-09
15.	Reference Filing?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
16.	Reference Organization (if applicable)	NA
17.	Reference Organization # & Title	NA
18.	Company's Date of Filing	12-23-08
19.	Status of filing in domicile	<input type="checkbox"/> Not Filed <input checked="" type="checkbox"/> Pending <input type="checkbox"/> Authorized <input type="checkbox"/> Disapproved

Property & Casualty Transmittal Document

20.	This filing transmittal is part of Company Tracking #	BO AR0259801F01
21.	Filing Description [This area can be used in lieu of a cover letter or filing memorandum and is free-form text]	

American Alternative Insurance Corporation (AAIC) hereby submits the enclosed filing for use with our Self-Storage Owners Businessowners Coverage Program which is currently on file with your department.

The purpose of this filing is to introduce a new mandatory endorsement, MP 7006-0 (11-08) - Asbestos Exclusion. This endorsement adds an exclusion for asbestos to Section II - Liability Coverage Form of our Self-Storage Owners Businessowners Coverage Form. This endorsement is being introduced since it is not our intention to cover these types of losses nor does our current rating plan take these types of losses into consideration.

The companion rule is exempt from filing requirements.

We propose that this filing apply to all policies effective on or after April 1, 2009.

Thank you for your attention to this submission.

22.	Filing Fees (Filer must provide check # and fee amount if applicable.) [If a state requires you to show how you calculated your filing fees, place that calculation below]
<div style="margin-bottom: 10px;"> Check #: 1700000864 Amount: \$50 </div> <div style="margin-bottom: 10px;">EFT.</div> <div style="margin-top: 20px;"> Refer to each state's checklist for additional state specific requirements or instructions on calculating fees. </div>	

***Refer to each state's checklist for additional state specific requirements (i.e. # of additional copies required, other state specific forms, etc.)

FORM FILING SCHEDULE

(This form must be provided **ONLY** when making a filing that includes forms)
 (Do **not** refer to the body of the filing for the forms listing, unless allowed by state.)

1.	This filing transmittal is part of Company Tracking #	BO AR0259801F01
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2.	This filing corresponds to rate/rule filing number (Company tracking number of rate/rule filing, if applicable)	
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3.	Form Name /Description/Synopsis	Form # Include edition date	Replacement Or Withdrawn?	If replacement, give form # it replaces	Previous state filing number, if required by state
01	Asbestos Exclusion	MP 7006-0 (11-08)	<input checked="" type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
02			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
03			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
04			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
05			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
06			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
07			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
08			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
09			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
10			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		
11			<input type="checkbox"/> New <input type="checkbox"/> Replacement <input type="checkbox"/> Withdrawn		